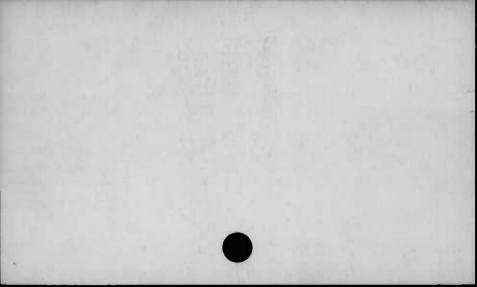
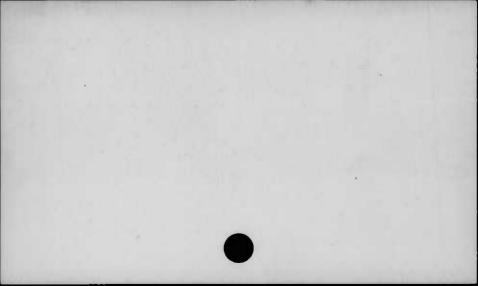
Certificate of Death Name in Full Amanda Abazail Bruce Geges Died at Reavenehry Hol & wife Single Number of children living Father's John abigail Cornelia Zucker Afizait Primary Systhoid feet Immediate Reported by Freham auklu Address Hyutthe Ell Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79708



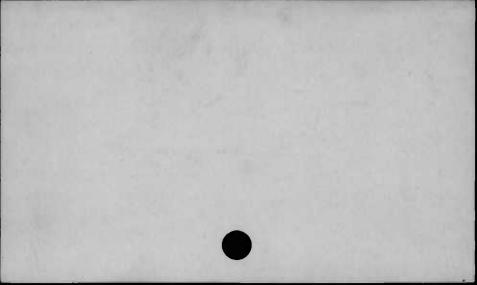
Name in Full Certificate of Death Number of children living Wife Father's Causo of Accident, Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 85988

Attended by Dr.-Richardson on Hello Information contained in this certificate was received from turanda Curk of-Bladensburg Mid.

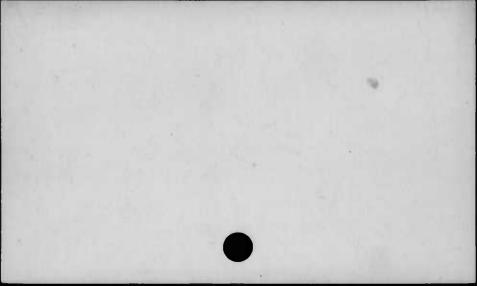
Certificate of Death Name in Full William Johnson MARYLAND Number of children living Colored Husband Wife Mother's Father's Name Name Cause of Death Immediate walke m N att ville mo Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79708



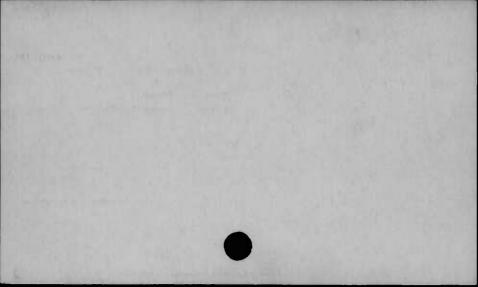
Certificate of Death MARYLAND Occupation Number of children living Single Neme Ceuse of Death Accident, Suicide, Homicide Must be (igned by physician, if any in ettendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



Name in Full Certificate of Death White Female Single Husband Wife Cause of Death Accident, Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79708



Name in Full Certificate of Death Charles Edward Shrum' Jr. Died at Brown chrille Prince Sero. Co. Day
Age / 4 /4 Many Loud
Married Widow Decreed
Systele Wigower Number of children living Date 189 8 Sure 24 White Husband of Wife Name Charles Edward Show Name Eliche the Shrum. How long sick Cause of Primary, Ulcerative Willis Death Immediate Exhaustive, Reported by a. H. Lev, M. D Address Birwyn Ind. Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Certificate of Death Regnard Vermelya Died at Lataland Occupation Age / June 7 Married Single Female Galared Number of children living Husband Wife Father's Name Huny U, Vennelya Name Je Cause of Primary Choler a Jufuelium Name Hattie Vermulya

How long sick,

Jacob Stays Death Immediate Exhaustione Accident Suicide Homicide Reported by a. H. Lee M. D. Address / Lerwyw Md. Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. TIRRARY DUREAUT BENEN

